

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031805

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 120

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler, Mo.		c. CITY OR TOWN Butler	
Length of stay in 1b 4 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boyd's Nursing Home		d. STREET ADDRESS (If outside, give location) 200 East Dakota	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Joseph Warren Brownfield			4. DATE OF DEATH September 24, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2-5-1892	9. AGE (last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (City and state or country) Cooper Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Issac Brownfield		13b. MOTHER'S MAIDEN NAME Adaline Gorley		14. NAME OF HUSBAND OR WIFE Mary	
-----------------------------------------------	--	----------------------------------------------------	--	--------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Wilford Brownfield Address Matta Bend, Mo.		
--------------------------------------------------------------------------------------------------------------------------	--	--	------------------------------------------------------------------------------	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture neck of femur R. Aug 23rd, 1961		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Butler, Missouri	COUNTY	STATE
-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	---------------------------------------------------------	--------	-------

21. I attended the deceased from **Aug. 26th '61** to **Sept. 23rd '61** and last saw ^{her} _{him} alive on **Sept. 23rd - 61**
Death occurred at **7:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. S. Laffner, M.D.		22b. ADDRESS 212 N. Main, Butler, Missouri		22c. DATE SIGNED 9/25/61
----------------------------------------------------------------	--	------------------------------------------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-26-61	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove	23d. LOCATION (City, town, or county) (State) Boonville, Mo.	
------------------------------------------------------------	-----------------------------	-----------------------------------------------------------	------------------------------------------------------------------------	--

24. FUNERAL DIRECTOR Culver Underwood	ADDRESS Butler, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 26-1961	26. REGISTRAR'S SIGNATURE Rendall Kersing	
-------------------------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

NOV 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.